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GROUP THERAPISTS' PERCEPTIONS OF GROUP TREATMENT
OF INTRA-FAMILIAL CHILD SEXUAL ABUSE OFFENDERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Elena Diana Inzunza

June 2009


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Approved by:




Dr. Janet C. Chang, Faculty Supervisor
Social Work

6/10/09
Date



Dr. Talley Moore, Director
Sharper Future



Dr. Janet C. Chang,
M.S.W. Research Coordinator

|

ABSTRACT

This study reviewed the experiences of clinicians who facilitated group therapy among intra-familial child sexual abuse offenders (IFCSAO). The study participants facilitate a one and a half hour of weekly group therapy sessions addressing intra-familial child sexual abuse. Participants in these groups are only for offenders. These groups are held within the agency, Sharper Future and the groups are held in the cities of Colton and Moreno Valley. The purpose of the study is to identify successful strategies and techniques within the different phases of the group process. The clinicians were openly solicited to participate in the interview. Clinicians were interviewed face to face and an audio recorder was used. Some of the key findings address the importance of providing a comfortable environment to engage group members and identified common characteristic traits of Intra familial child sexual abuse offenders as being resistant and in denial. These findings will be used to identify successful strategies in IFCSAO group therapy. It will also assist in identifying appropriate policies that implement the rules and regulations for IFCSAO's.

|

ACKNOWLEDGMENTS

I would like to thank Riverside County Department of Mental Health for their educational assistance. In addition, I would like to thank Dr. Janet Chang for her assistance in the MSW program.

DEDICATION

This is dedicated to my husband and grandfather.

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CHAPTER ONE

ASSESSMENT

Introduction

This chapter covered the research focus on group therapists perceptions of group treatment of intra-familial child sexual abuse offenders and emerging concerns that arose during the course of this study. It also covered the paradigm that was used in this study and the justifications as to why it is the most appropriate paradigm to use. This section also presented a literature review that gave insight into the topic of this research. It will portray the benefits of this research for the micro and macro level of practice.

Research Focus and Question

The focus of this study is to determine whether or not therapy is effective among intra-familial child sexual abuse offenders (IFCSAO). According to Bogaerts, Declerq, Vanhuele and Palmans (2005), a intra-familial child sexual offender is a person whose sexual desire is directed toward children, usually of pre-pubertal or early pubertal age. The distinction within an intra-familial child sexual offender is that the offense

was that the victim was within the perpetrators family (2). The large number of intra-familial sexual abuse offenders as well as the psychological and financial consequences of incest offenses has raised serious public policy questions concerning their management by the criminal justice system (Firestone et al., 1999). Some questions that may emerge through this study are at what point can you identify when an IFCSAO offender is benefiting from therapy? How can one identify which IFCSAO offenders will benefit from psychiatric therapy? And what is the time frame of successful therapy for an IFCSAO offender?

Paradigm and Rationale for Chosen Paradigm

The paradigm that will be used in the study will be the post positivist paradigm. The post positivist approach concurs that an objective reality exists but suggests that the "immutable laws and mechanisms" driving that reality can never be understood (Morris, 2006). In this paradigm, quantitative measurement and hypothesis testing only offer part of the picture and the rest must be discovered through open exploration. The post positivist paradigm collects qualitative data through

interviews, observations and reviews of documents using exploratory approach.

This approach is deemed most appropriate for this study because responses from the samples can be studied and measured. These responses from interviews and observations can reveal new concepts and themes that may lead to new areas of research on rehabilitation and recidivism among ISF offenders.

Literature Review

The Effectiveness of Group Therapy for Intra Familial Child Sexual Abuse Offenders

This section covered the literature review. The literature review provided insight into important factors in the study of therapy with IFCSAO Offenders. It began by covering the theories guiding conceptualization of the study, risk factors of IFSCAO Offenders, theories of recidivism and the stage of acceptance for IFSCAO offenders. All of the categories listed give helpful information in understanding the circumstances of therapy for IFSCAO's.

Theories Guiding Conceptualization

There are multiple techniques that are used within the area of IFSCAO offender treatment. There is much

literature on the treatments of IFSCAO perpetrators, however the questions of concern is which individuals can be helped and with what treatment. According to Gonzarain and Buchele (1990), first time offenders who feel intensely guilty are more likely to respond to treatment. There are a number of intra-familial child sexual treatment approaches that have been used including psychotherapy, medication, and behavior modification through aversion therapy.

The psychotherapy approach is based on the philosophy that if incest evolves from a combination of family dysfunction and adult sexual attraction for children, then intra-familial child sexual perpetrators can likely be helped by combining multiple psychotherapeutic techniques into a so-called holistic approach. This approach includes therapies in the areas of individual, marital, family and group therapies (Bucheles & Gonzarain, 1990). This therapeutic strategy takes into consideration the multiple roots of incest and provides the rationale for some states. For example, Kansas offers a pre-trial diversion programs to Intra-familial child sexual abuse offenders. Perpetrators, who acknowledge their guilt, can work

psychotherapeutically, in collaboration with their significant others, instead of going to prison. Therapy such as this is easier to conduct outside of a prison and is also very cost effective.

Medication and aversive conditioning are used to modify the neurophysiological sexual functions. These two treatments target the main symptom, sexual arousal to children. One therapy uses the female hormone, medroxyprogetsterone acetate or Depo-Provera, to decrease the male sexual appetite. This is helpful to some offenders. However, a major disadvantage is that about one third of the offenders are still sexually aroused by children despite this chemical castration. In addition, this treatment is limited to male offenders.

Aversive conditioning also strives to eradicate unwanted behavior, but does so by replacing it with acceptable behavior. A basic premise of this approach is that all behavior is learned, so it can also be unlearned. An example of this therapy, is by associating a naked picture of a child with something negative (e.g., pain or bad smell) and showing it to the perpetrator repeatedly. Therapy may also involve" shifting the pedophiles' fantasy structure away from children through

the use of denial and reward. Much of the pedophile's attraction to children is reinforced through fantasy. The therapeutic aim is to change not only what the pedophile does but what he thinks about doing.

Behavioral alteration programs also have their shortcomings: They are long and expensive, and only pedophiles that are susceptible to conditioning can benefit from such treatment, there are no follow-up studies of outcomes. According to Lung and Huang (2004), sex offenders are a heterogeneous group on whom criminologists, sociologists and psychologists have conducted numerous studies and have developed numerous taxonomic theories.

IFCSAO offense falls under the overall category of a sex offender, however is recognized by its different dynamics. In general, sex offenders have been classified into two groups, which are adult rapists and childhood sex offenders. Childhood sex offenders are often involved in cases of incest. Therefore, because the victims in incest are usually children (as cited in Luang & Huang, 2004), it is categorized two subtypes of incest offenses, regressed type and fixated type. These subtypes depend on the offender's sex partner in daily life. The regressed

type, typically changes their previous sexual partner from an adult to a child. This is thought to be due to situational stress and may be temporary or permanent. In the fixated type, the offenders are only attracted to children and their sexual development remains immature (Luang & Huang, 2004).

Symptoms to be Therapeutically Treated

Intra-familial child sexual abuse offenders are often times men; however, there are also women abusers. The stereotype is that "sexual abuse from a women is virtually nonexistent" (as cited in Gonzarain & Buchele, p. 4). Sexual abuse from women to boys goes unreported because boys who have had sex with women feel lucky to learn from an adult woman.

Nonetheless, male and female IFCSAO perpetrators may suffer from an erotic form of hatred. Sexuality may be the mask of hostility, leading incest perpetrators to the "soul murder" of their victims (Gonzarain & Buchelle, 1990, p. 2). Pitherset et al. (1988) found that the features of sex offenders include low level education, previous criminal records, parental neglect or death. In the six months prior to the offense, our group of IFCSAO

offenders exhibited social maladjustment problems, alcohol, and drug abuse (Lung & Huang, 2004).

Recidivism

IFCSAO offenders constitute a very different population than rapists and child molesters. According to the prediction of recidivism in incest offenders (Firestone et al., 1999), that was based on a study of sexual offenders, the division of groups into rapists, child molesters and incest offenders result in very different recidivism rates and it appears that different factors are predictive of recidivism (Firestone et al. 1999).

The measurement instrument, sexual functioning index (SFI) is a global (SFI) assessment that measures sexual functioning. Using SFI, it was found that Intra-familial child molesters endorsed more fantasy themes than incestuous offenders. However, incestuous offenders scored higher on sexual experience and satisfaction scales (as cited in Firestone et al., 1999). In addition, it is said that sexual offenders show high levels of sexual dissatisfaction.

It is also important to prevent recidivism by developing treatment programs aimed at understanding the

risk factors in sex offenses (Lung & Huang, 2004). Numerous studies have stressed how long a child molester remains a threat. Quinsey and colleagues (1995) followed 178 rapists and child molesters, including IFCS offenders, for an average of 50 months and calculated survival functions. They found that the risk of recidivism was as great in the seventh year as it was in the first. They concluded that there was no evidence of "burn out" over time (Wilson & JD, 2004, p. 268). This demonstrates that a child's risk of re-victimizations, although greatest immediately after the first offense, never completely recedes (Wilson & JD 2004).

Theories Guiding Conceptualization

The theory that contributes to this research is the systems and ecological perspectives. This theory applies to how clinicians (group of individuals) work with intra-familial child sexual abuse offenders. Systems theory adopts a positive approach in dealing with clients. IFCSO may have the reputation of not being a treatable population, however the clinicians that work with this population, see them as treatable if they have community resources. For instance, individual and group therapy, along with appropriate mental health treatment.

According to Payne (2005), identifying "patterns of behavior helps to see positive possibilities, where behavior in one social system has created learning for use in another" (p. 146). In other words, it is important to identify certain patterns such as characteristics in IFCSAO, so that these skills can help identify future problematic issues within this population. Clinicians of IFCSAO, perceive them as individuals that are a product of their environment and can be treated by identifying how systems are interacting together to create problems in their unexpected area of life. In other words, clinicians see IFCSAO as an oppressed population that had negative relationships with their surrounding systems and therefore committed a crime. However, they see a possibility that if surrounded with positive system support that they are able to function within a system as a whole.

Potential Contribution of Study to Micro and Macro Social Work Practice

This study has potential to add to the knowledge of macro and micro societal concerns. There are numerous therapy based treatment programs for intra-familial child sexual abuse offenders. Many of these individuals are

forced by the legal system to attend these programs. However, the question is, are these treatment curricula effective and accurate for incest offenders. And if so, how do you measure the effectiveness of the treatment? According to Studer, Clelland, Aylwin, Reddon, and Monoro (2000), it has become dogma in the literature that incest offenders are a group that need only be identified and, once convicted of an offense, have only a small chance of re-offending (p. 15). This process is very important for professionals practicing direct practice to understand, because they are the individuals that are preventing the IFCSAO offenders from re-offending in the community.

Determining if specific IFCSAO offenders are at less risk of re-offending than others directly affect our communities as a whole. It affects our community's perception of treatment for all categories of sex offenders. The question of treatment or incarceration raises a concern for our overall society. What is the overall best intervention for our society as a whole? Are we saving our communities from sexual offenders by providing mental health treatment or are we safer just incarcerating them?

Summary

This chapter has covered the focus of the study, which is whether or not therapy is effective with intra-familial child sexual abuse offenders. The paradigm, post positivism was discussed in depth as to why it is the most appropriate paradigm for this research. A literature review was given, which covered aspects of intra-familial child sexual abuse offenders that will give the reader more information of this topic. The Implications for a micro and macro level were discussed.

CHAPTER TWO

PLANNING

Introduction

This chapter covered the plan that engaged participants in the research study. It included engagement strategies, self preparation, diversity issues and political issues. It also covered the plan for implementation that covered the issues related to data gathering and the phases of data collection. The plan for termination, was also be covered along with evaluation, termination and follow-up.

Plan for Engagement

Research Site and Study Participants

The data for the research study will be collected from Clinicians of Sharper Future. Sharper Future is a clinic that serves high risk sex offenders, in which a large portion of their clients are intra-familial child sexual abuse offenders. At this particular clinic, individual and group therapy are offered to the clients. The degree's of the clinicians of Sharper Future are LCSW, MSW interns, LMFT, MFT interns, psychologist and psychologist interns who run weekly offenders groups. The

offender groups are held on a weekly basis for 1 ½ hours. Depending on the needs of the each group, some clinicians may run up to 3 groups a week. The participants in this program are individuals who have engaged in some kind of illegal sex crime that has resulted in them having to register as high risk sex offenders. An example of these, are child molestation or annoying under the age of 14, rape, rape by force and lewd and lascivious acts w/ a minor. In this particular study, I will be focusing on clinician perspectives on skills that are used with individuals who commit these acts within their families. The participants that will be participating in the study are the clinicians facilitating the groups.

Engagement Strategies

In order to engage the agency, the researcher will call the clinic coordinator, Dr. Henry Beck to introduce self and goals of research project. The researcher will have an informal meeting either by telephone or face to face with clinic coordinator to review project goals and objectives. Clinic Coordinator will then communicate with clinic director, Brian Cunningham LCSW and get the final permission for research to be completed at the site. Once a verbal agreement is made, the researcher will then

request an agency letter. After research material is reviewed with Sharper Future contact person, researcher will engage clinicians by explaining the purpose of the study and the importance of their feedback.

Self Preparation

Preparation will consist of reading past literature on research within intra-familial child sexual abuse offenders treatment programs. Specific topics that should be focused on are the difficulties that past researchers have experienced when interviewing clinicians. Literature on the risk factors of IFCSAO offenders should also be reviewed in order to identify why IFCSAO offenders commit incestuous crimes and to control and recognize any interview biases. A journal will also be kept to assist in conflicting personal values and biases. Most importantly the study will respect all rules and expectations of group facilitators.

Diversity Issues

The diversity issues that researcher needs to be most aware of are that each group clinician has his/her own perspectives on the issues of treatment. Each clinician has had his/her own experience in group therapy with intra-familial child sexual abuse offenders and,

therefore, it is important not to offend and criticize the participant in any way. Given that the data will be obtained through face to face interviews, it is important to remain neutral to responses, regardless of the answer. The researcher has to be culturally aware not to offend participant's ethnicity, culture, gender, age or any other characteristics of difference.

Researchers also have to be aware of each participant's personal and political experience. This group of clinicians has worked very intimately with a stigmatized population, in which they have probably experienced difficult obstacles with this high profile population. Their concerns may be sensitive to others who have never worked with families of Intra-familial sexual abuse.

Ethical Issues

For the protection of the participants the Institutional Review Board will be consulted on the protocol of the research study. A voluntary and written informed consent (Appendix A) will also be given to each participant. Each participant will be informed that they are not mandated to participate in the study and that their refusal to participate or withdraw from the study

will not affect their employment with Sharper Future. In addition, the interviewee will be notified of the length of time the interview will take and that all information is anonymous. All participants' information will remain confidential. All data will be kept in a secure and safe place.

Given that these participants work closely with a stigmatized population, moral values such as understanding that the participants have rights as an individual and that they must be respected and not criticized are important. The research approach must not offend the participants in any way.

Competency values, such as basing the research approach on the most effective social work practice is valuable in obtaining accurate and reliable data. This is best completed by keeping up with the most current knowledge about IFCSAO offenders.

Terminal Values. Personal values in this research study are allowing individuals who work with IFCSAO to understand and comprehend their difficulties in treatment. This perspective can assist professionals working with this population by providing information on participants' perspectives.

Societal values include perceiving IFCSAO as untreatable and insignificant individuals. This value sets the tone for how individuals are treated and portrayed in society.

Political Issues

The power relationships within this study reflect that the researcher has the authority to control the data. The researcher has the ability to decide what data will be gathered and what data will be used. In this study, the study participants are used primarily as a source of data and not collaborators.

Plan for Implementation

Data Gathering

Data will be collected through qualitative interviews. Thirty to sixty minute face to face interviews will be conducted at each participant's work site in a private room or in a private location that is convenient to the participant. These responses will be written down and tape recorded during the interview process.

Selection of Participants

Given that Sharper Future has a total of fifteen clinician running groups, all participants will be selected for interviews. This sampling will include diverse ethnic groups, different age groups, and other pertinent dimensions of diversity. It will also include years of experience in working with intra-familial child sexual abuse offenders. All Participants will initially be informed of the study by clinic coordinator, Dr. Henry Beck. Dr. Beck will give an informal overview of the goals of project and will allow each clinician to decide if they would like to participate. The participant will then inform clinic coordinator if they are interested. If they are interested, the researcher would be given a time and telephone number where participants can be reached by phone to set up interview.

Phases of Data Collection

Data will be gathered through qualitative interviews. Information from interviews and observations will be retrieved for further analysis. In preparing for the interview, literature pertaining to incest offending was read in order to control any influence of biases and values to the researcher. A journal reflecting biases and

values will be used in order for the interviewer to be effective. A letter of explanation will also be given to all participants. This letter will explain the goals and purpose of the interview, in addition to informing participants that their participation is voluntary. so that all participants will feel comfortable during interview.

The form of recording that will take place will be through note taking during the course of the interview. Engagement of the interview will begin with an introduction of the interviewer and the topic of the interview. After introduction, the interviewer will ask questions within the categories of essential, extra, throw away, and probing questions (See appendix A). After all questions have been asked and all data documented in notes, the interviewer will paraphrase clients responses to questions and answer any questions that the interviewee may have..

Data Recording

Data will be recorded as notes. Notes will be written during the course of the interview in order. Journals will used during the course of the study, to record opinions, values, and experiences relating to

participants. Journals will be used to control biases conflicting with the topic of the study.

Plan for Evaluation

Data Analysis

Data will be synthesized through qualitative methods. Open coding will begin by breaking up the participants responses to the interview questions. For potential open codes please see diagram.

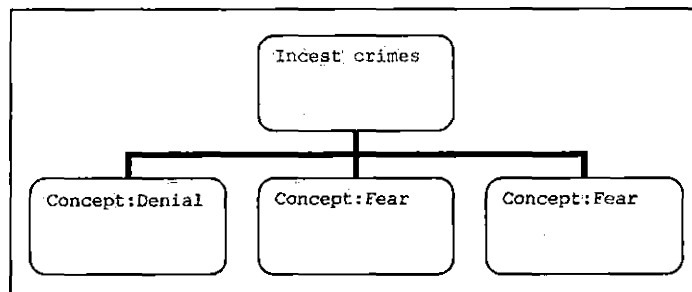


Figure 1. Axial Coding Categories

Plan for Termination

Communicating Findings to Study Site and Study Participants

After all data are analyzed and findings are ready to be presented, the outcomes of the study will be given in a presentation for Parents United. Study participants will also be presented information in a report form.

Termination of Study

Study participants will receive a \$10.00 gift card for participating in research study. Sponsor site will be thanked with refreshments after meeting that communicated the research's findings.

Plan for Follow Up

Ongoing Relationship with Study Participants

There will be no ongoing follow-up with the study participants.

Summary

This chapter covered in depth the plan to engage participants in the research study. It included issues such as self preparation, diversity issues and ethical issues. It also reviewed the plan for data gathering that described how data will be collected. In addition, the plan for termination and follow-up with study participant's was described.

CHAPTER THREE

IMPLEMENTATION

Introduction

This chapter covered the information pertaining to the gathering of information for the purpose of interviews. It will review the research site and give brief information about the participants. It will identify the selection of participants by outlining some demographic factors of the participants. It will provide information on how data was gathered and give a description on the different phases of data collection. Lastly it will explain the process of data recording.

Research Site and Study Participants

This focus of this study was to identify common clinical skills and experiences of clinicians who facilitated groups for intrafamilial child sexual abuse offenders. Within the Riverside and San Bernardino County, one of the most common and possibly only agency that provides group therapy to intrafamilial child sexual abuse offenders. Sharper Future is an agency who provides individual and group therapy to individuals who have committed some type of sexual offense. Many of the

clientele are mandated to attend because of parole or probation terms and conditions.

Selection of Participants

The participants that were selected as the unit of analysis were clinicians who facilitated groups at Sharper Future. The clinicians who were selected had facilitated groups for individuals who had committed a sexual abuse offense. The type of sampling that was used was typical case sampling. According to Morris (2006), typical case sampling is The researcher's key issues in selecting "clinicians who have facilitated groups with IFCSAO", was to be able to describe the experiences of the clinicians, but also be able to identify certain clinical insight on treatment with this population. In order to complete the interviews, a qualitative approach was used to be able to uncover as much meaning as possible and obtain quality information for data gathering and analysis.

The group of analysis that was selected was seven clinical group facilitators. Out of the seven participants, there were two females and five males. Three out of the seven were psychology doctorate

students, two were psychologists and two were licensed within the masters of social work. In regards to ethnicity one was Hispanic and the remaining six were Caucasian. In addition, the ages of the participants ranged from 25-54. There were two participants in their 20's; two participants in their 30's, one participant in their 40's, and two participants in their 50's.

Data Gathering

Data gathering was based from a formative type of research process. According to Morris (2006), the purpose of a formative evaluation is to improve the performance of interventions in a societal problem (89). These interview questions consisted of questions reflecting the clinician's experiences in group therapy treatment with IFCSAO's. These questions can be found in Appendix A. The interview questions that were used were ten open-ended questions that focused on the clinicians experience and perspective of group treatment. Open ended questions were used to be able to encourage the participant's to answer comfortably and provide high-quality feedback. It also allowed the researcher to clarify any misunderstandings or interpretations about the intent of the questions. The

interview questions consisted of descriptive and structured questions. According to Morris (2006), descriptive questions are overarching questions (96). An example, of a structured question within the interview tool is "what are some of the obstacles that tend to arise in group". In regards to having structured questions, the particular type of structured question is further narrowed down to what is called an structured inclusion question, which is when the questions expand the understanding of a particular topic. An example of this is "What kind of skills should a clinician that works with intrafamilial child sexual offenders have? And Why?"

Phases of Data Collection

In preparation for data collection, there are various stages that the researcher encountered in order to complete data collection. The first phase was preparing for the interview. The researcher prepared prior to completing the beginning phase of the face to face interview process, by reading literature about the IFCSAO. In addition to reading the literature, the researcher had an informal meeting with a clinician who

formerly worked with IFCSAO's within a different agency than Sharper Future. After the researcher processed the information that was learned, the researcher prepared ten questions that reflected the clinical experience and perspectives of working with IFCSAO's. The researcher also learned through literature and informal interviews of the dilemmas that IFCSAO's experience within their course of treatment. Examples, of these are IFCSAO being victims of sexual abuse themselves and coming from at-risk homes. They also experience difficulty in obtaining employment and secure housing because of their publicly known crime. Learning this information assisted the researcher in preventing any biased values.

The researcher also provided the participants with a debriefing statement and an informed consent that explained the purpose and process of the research. By providing the participants with these two documents, it assured the participants that their interview was for a valid project and that their information was confidential. These two documents were provided to the participant on the day of the actual interview. In order to reinforce the participation of the participants, the researcher provided an informal explanation to the

participants over the phone prior to meeting face to face. This provided more information to the participant and also served as a method in engaging the participants to agree to participate.

In addition to the researcher explaining the course of the interview process prior to the interview, the researcher also provided brief personal information about the researcher and the motivation and purpose behind the study. This took place on the actual day of the interview. This allowed the participant to feel at ease and comfortable during the interview process.

During the course of the interview, the researcher maintained the focus of the interview by using essential questions, extra questions, throw away questions and probing questions. An example of an essential question that was used was "How many years have you been working as a clinical therapist?" And "How many years have you been working with IFCSAO's?". Extra questions were also used to check on the consistency of responses such as, "How long do you determine success in a participant of group?". This question checked the consistency of the essential question by reinforcing their years of experience with their experience from beginning to the

end of a group process. If a clinician, had admitted to working with this population for a number of years then their input of success of a client should correlate with their years of experience. Throw away questions were used in the initial part of the interview, such as "What is your ethnicity?". In addition, throw out questions were used through out the interview process, such as "What school did the participant attend?". Probing questions were also used throughout the interview to prompt the interviewer to elaborate on their response in order to answer the question directly to the question. Examples of probing questions used were "wow" and "very interesting" and can you "elaborate about that?"

All interviews were completed over a time period of six months. It often took clients 1 week to return responses and the researcher had to collaborate with the director of Sharper Future to know approximate schedules of the participants. Their participation was greatly encouraged and influenced by the director of Sharper Future, Dr. Henry Beck.

Data Recording

For the data recording for this qualitative research, voice recording and note taking was used. Voice recording was used for the interviews, in addition to note taking during the interview process in order for the researcher to take down important notes that the participant mentioned. In addition, it served as a time when the researcher noted feelings and experiences pertaining to each participant. This allowed the researcher to reflect about the interview process.

Summary

This chapter covered the research site and the participants. It discussed how the researcher engaged the participants and gave a brief description of the seven participants. In addition, it also reviewed the process of the interviews and gave detailed information on the different methods that were used within the interview tool. Finally, it explained the data recording method and how it benefited the data gathering.

CHAPTER FOUR

EVALUATION

Introduction

This chapter will cover the data that was collected from a post positivist perspective. It will describe how the data was analyzed through open coding and axial coding. It will review and explain how the data was interpreted. Finally, it will elucidate on how the data findings are implemented within the Micro and Macro practice.

Data Analysis

The data will be analyzed through the form of open-coding. Open coding will be completed by identifying words within the narrative interviews, that appear to share some type of relationship that can lead to guiding possible themes or categories. Axial coding will then be used for analyzing and categorizing the identified themes and concepts that will be developed to assist in developing theoretical comparisons. All seven interviews were face to face interviews that were held at locations that were identified by the participants. Out of the seven interviews three were students receiving their

doctorates degree in psychology, two had their masters in social work degree, and two were psychologists. Within these professions, two were female and the rest males. In regards to age, four out of seven participants ranged in age from 27-35 years of age and the remaining three ranged in ages from 48-54 years of age. The researcher was provided with names from the site director, therefore the researcher was open and thankful to all participants that agreed to participate. Within these participants, only one out of seven participants was Mexican, and the remaining six were Caucasian.

Participants were asked "how many years they had been working as a clinical therapist and how long they had been working or running groups at sharper future. It was identified that three out of seven of the participants had years of experience ranging from six to ten years of working as a clinical therapist. In correspondence to their experience with Intrafamilial child sexual abuse offender groups (IFCSAO), their experience ranges from eight months to fours years. One participant stated "I have been working at shaper future for about 18 months, however I have been working with this population for about 20 years". It was imperative

during the interview to define to the participants what type of "clinical work" that the question was asking. Many of the participants have had other employment roles working within this population. Some of the participants are employed at Patton State Hospital where it is common to have had IFCSAO's in their groups at that employment. There were also participants who had worked as a clinical therapist for approximately two years, interestingly enough they both reported that they had eight months of working with IFCSAO groups. One participant exclaimed that, "he had worked with them prior, but that this is his first experience treating this population directly." Some participants who had not had as much experience facilitating IFCSAO groups, reported working as a clinical therapist for ten months and having experience working with IFCSAO for approximately eight months.

Engagement Strategies

In response to how the facilitators engage new participants in group and identifying common traits in them, four participants reported that a common practice in engaging a new client is to provide a comfortable setting for the client. This is so the client will feel comfortable and is able to share their experience with

the facilitator and group members. This point was commented as being important so that the participant can then participate in the "lay out" for the group. "Lay outs" are when clients share briefly about their offense to the entire group. "Lay outs" appear to be used often, however it is important to note that the client needs to feel some sort of comfort before willingly participating in a "lay out." After identifying these imperative engagement strategies, the three participants then mentioned that rapport and acceptance is valuable in engaging participants and group participation. One participant stated, "there is a secret in social work, it doesn't really matter what population you work with, in terms of importance establishing trust and therapeutic rapport is acceptance for the client."

Traits of New Participants

When identifying traits within new group clients, three participants responded recognizing traits that were identified were negative features such as denial, narcissism and blame. This may be because of the amount of denial that the client's come into group with. One participant stated, "many of the client's come into group with a large amount of denial that they committed the

offense. Many of them are angry and have difficulty controlling their impulse control." Their comfort level is not yet reached, which lead to the identified characteristics of being irritable and angry. Many participants described the client's coming in to group as not understanding the seriousness of their crime and blaming others for their false accused crime. This is where the irritability was addressed. Other traits that were mentioned were problems with relationships and feelings of being unvalued. One participant stated, "the clients feel as if they are just a number and that they need to be treated more like men."

Success during Group

Participants were then asked to identify the stage in the group process where success typically occurs. The most common response was in the "middle". One participant shared that "from his experience, he has seen a slow progression and "if" and "when" he does see any success it's toward the middle. Usually about 16 months." Many of the participants had difficultly identifying what the "middle" meant in terms of months, however the most common numeric answer was six months. One participant mentioned sixteen months and stated that "he has seen a

slow progression in regards to success." Other participants were not able to give a numeric answer and responded with the following: "depends on personality", "the person has to show good insight to treatment" and "the longer the individual in group, the better." One participant responded, "when they are ready to talk about their recovery and face it". This is where the idea of insight comes into play with treatment.

Group Obstacles

Participants were then asked about common obstacles they have experienced within group. The most common response was the "attitudes" of the clients in group. Many of the negative attitudes ranged from verbal aggressiveness, denial, having a prison attitude and resistance. Many of the participants perceived these emotions as difficult to have during group because they disrupt the other group members from benefiting of the group therapy. One participant responded, "these participants may be over the top and in your face. These are the people that build up inside." This participant intended to demonstrate that factors such as these build up resistance not only for the client, but for the group.

This imposes a difficult obstacle for facilitators in group.

One participant mentioned that a client needs to be accepting of other group members to be able to move forward in group. If a client is irritated by another group member's resistance and denial, then until he accepts his peer's state of mind, he is able to move forward in group. The next obstacle that was identified but not as frequent as the initial concept, is the client's parole terms and conditions. Client's parole terms and conditions are the legal regulations that parolees have to abide by as long as they are on parole. Some of the terms and conditions that were identified were wearing a GPS device, not being able to live in certain areas and having parole agents with negative perceptions of the clients. One participant shared that he had a parole agent referred to a client as "manipulator." Though the client may have these attributes it is important to note that parole agents come from a criminal justice approach, while clinicians practice a more therapeutic approach.

The least common obstacle that was identified was the notion that clients may be experiencing stressful

situations outside of group. This hinders group members from fully concentrating on treatment. One participant referred that many of the group members experience predicaments with housing, financial and employment.

Successful Skills

Participants were then asked to identify successful skills for clinicians who work with IFCSAO's. The most common responses were the following: assertiveness, ability to challenge clients, and controlling countertransference. One participant stated, "clinicians should be able to recognize their own countertransference and their identity." These responses may be very common because of the population that is being addressed. As mentioned previously, many of them display negative attitudes such as anger and irritation. If clinicians do not possess the ability to work with the above mentioned successful skills, it will be difficult for them to facilitate a group setting with these individuals.

Other skills that are considered important are the ability to empathize, be non-judgmental and open-minded. One participant stated, "we do come into contact with some creepy individuals and they are hard to understand. You do need a little bit of empathy for them to be able

to work with their underlying pain." In addition, to the above mentioned skills other skills were randomly identified as knowing how to set boundaries, not being easily intimidated and being able to focus on interpersonal skills. One participant shared that "it is good for clinicians to work on the group's interpersonal skills. It allows the facilitator the chance to work on his/her own interpersonal skills as well.

Coping Skills

The participant's were then asked to identify common coping skills that they provide to the clients and coping skills that the group facilitators should use to deal with their emotions after group. Some of the most common coping skills that were identified for clients were relaxation skills such as deep breathing. These skills often assist the client's relax if they are experiencing symptoms of anxiety. One participant stated, "deep breathing is a basic coping technique for addiction and addiction is what many of the participants are dealing with." It was also noted that the curriculum of the groups are based off a relapse prevention technique that focuses on different types of addictions.

Other common skills that were identified were not isolating, finding positive support and taking ownership of their offense. These skills assist the client in transitioning back into society. They reinforce the need to take responsibility of their offense, which is a helpful step in discouraging isolation and relationships with a negative support system. One participant stated, "we practice the relapse-prevention model, this encourages client's to have a clean and positive support system. This also helps in preventing client's from isolating themselves." Other responses consisted of addressing thought distortions, allowing clients to come up with their own coping skills and learning how to deal with impulsivity.

Group Facilitator Coping Skills

When participants were asked how they cope with their experiences with group, the most common response was debriefing with colleagues and supervisors. One participant stated, "We just try to see them as human beings, so debriefing helps a lot." This may be the most common coping skill for clinicians because it is the most common practice in the field. It also provides clinicians with a sense of connectedness between other clinicians

who are familiar with this particular group environment. Other common coping skills that shared commonality, but were not as prominent as the skills just mentioned were exercising, eating good and recognizing what state of mind we are in. One participant stated, "I'm in a very good place. It's good to recognize what state of mind we are in and allowing what we are responsible for."

Common Group Clinical Techniques

Participants were then asked to identify common clinical techniques during group. The most common clinical technique identified was confrontation. However, it was clarified by the participants that it is important to use confrontation, but not disrespect the clients. Confrontation in a disrespectful manner does not work well with the criminal population. One participant stated, "we use a relapse prevention model where we use a lot of confronting and challenging; however we use these techniques with a calm voice." This is an example of how a facilitator approaches the confrontation technique in a therapeutic manner. It does not have a disrespectful tone to it and it leads into the issue.

Another common clinical technique used during group were joining, reframing, noticing and reflecting. These

techniques are used to promote the continuity of group. These techniques are used to assist the group grasp the concepts and gain good insight. According to a participant, there is a curriculum that was structured for this group, however it is often tailored to appropriately address the groups identifying concerns. Other techniques that were identified, but were not as commonly used were the concept of "mindfulness and emotions" and "not blocking emotional affect."

Recognizing Success

Participants were also asked to identify success in a client who has attended several group sessions and how many are needed to determine success. The most common response that was identified as a factor in identifying success was the ability for the client to understand the relapse-prevention technique through identifying high risk triggers. One of the participants stated, "They have to know how to identify high risk people and places, in addition to understanding how to care for those feelings. They have to be able to understand cultural factors, like high risk history. A lot of it depends on their effort." At this particular continuum of measuring success,

success is measured by the client's insight on identifying high risk situations.

The next technique that was identified with the second most commonality was their ability to solve conflict. Their ability to use their coping skills during stressful situations is key in reaching success within this group. Their ability to use these skills shows that the individual is capable of identifying their triggers and can think of a solution to solve the problem. Other ways of identifying success that were considered, but not as commonly identified were having successful connections with work and relationships.

When identifying the number of months it required for a client to be successful, the most common response ranged from 1 year to 1 ½ years. Another timeline of eighteen months to three years were identified. The least common response ranged from a timeline of six months to eighteen months.

Data Interpretation

The study found that clinicians who provide group therapy to IFCSAO's used different types of clinical strategies during the engagement phase, intermediate

stage and final stage of group therapy to promote effective treatment. The "engagement stage" refers to the initial three months of group for a client, the "intermediate stage" refers to the third month to the ninth month period of group and the final stage reflects the timeline of nine months to two years. The data analysis has assisted in the development of the unifying theme that emerged from the data which is clinical strategies in the engagement stage, intermediate stage and final stages of group therapy.

Clinical Strategies in the Engagement Stage

Clinician's in the study used different strategies to engage client's as they initially entered group. Typically clients possess resistant characteristics, which are identified through the following themes: engaging new participants and traits of new comers. In regards to engaging new participants, it is very important for group facilitators to provide a comfortable atmosphere for new group members. This finding is consistent with the study of incest perpetrators in group therapy (1990) that identified incoming IFCSAO's to group as being resistant to the group therapeutic processes in the initial stages of group (Gonzarain & Buchele, 1990).

These IFCSAO's were resistant to therapy. However after multiple sessions of refusal to talk about their offense, they eventually felt comfortable in their environment and engaged in opening up to their offense. Clinicians had to be patient as they provided a comfortable therapeutic atmosphere, and waited multiple sessions for the group members to open up about their offense. In addition, it was interesting, that this study mentioned that IFCSAO's who felt the most guilty about their offense opened up sooner than others who did not present with as much guilt.

However, it is imperative to be able to identify the common traits of new participants in the effort to provide a comforting environment and group progression. Some of the common traits that this study depicted were denial, narcissism and blame. These findings were also consistent with the study of incest perpetrators in group therapy (1990), where they identified similar traits in the engagement process (Gonzarain & Buchelle, 1990). Their findings identified "denial", as a main intervening factor that should be addressed in the psychopathology. It further suggests that individuals also present with narcissism and may require long term treatment to learn

how to interact differently among others. Denial was also recognized as a trait in the engagement process, which was identified as how the IFCSAO's, externalized their feelings of shame and guilt.

Clinical Strategies in Intermediate Stage

This study found that the following themes: success during groups, group obstacles and successful skills occur during the intermediate stage of the group process. "Success during group" refers to how group facilitator's perceive client's potential of working towards successful treatment. It is evident through the response of the participant's that a six month treatment is minimal to obtain any kind of progression toward successful treatment. Many of the participants stated "in the middle" with hesitation on making an assumption about such a stigmatized population. However, this type of group therapy has slow progression and time is the main identifying factor for success. These findings were not consistent with the study of a sexual behavior intervention program (2008) that focused on the needs of both individuals and the community (Roseman et al.). The findings of this study indicated that one year of consistent treatment is required to treat a IFCSAO. After

this one year, clients should be able to recognize and identify techniques to avoid the recurrence of offensive sexual behavior. After one year of treatment, it was determined that clinical assessments are needed to make sure that client's are placed in optimal conditions for treatment.

Group obstacles often interrupt the group process and hinders the facilitator's group treatment. It was evident by the participant's responses that obstacles that interrupt group are the group members legal obligations and the task of them "taking responsibility" for their offense. These findings were not consistent with the findings of a study on an interagency program for the treatment of intrafamilial child sexual abuse offenders (1995). This study revealed that the legal system, such as law enforcement representatives were helpful in the treatment of IFCSAO's by educating facilitators on the regulations that IFCSAO's had to abide by. It also identified "taking responsibility of your offense" as necessary to move on in group, but did not identify it as an obstacle (Liles & Wahlquist, 1995).

Successful skills was another theme that was recognized under the intermediate stage. Successful

skills refer to the successful skills that group therapists need to have in order to facilitate IFCSAO groups. Some of the identified successful skills are having the ability to work with challenging clients, being assertive and being able to deal with countertransference. As mentioned previously, the findings in the study of incest perpetrators in groups(1995),were consistent in identifying that the facilitators need to be assertive and at times have to use a "law enforcer" role towards disrespectful and challenging clients(Gonzarain & Buchelle). In addition, facilitators need to recognize their own emotional responses as it is possible to perceive the group members as "sexually aggressive monsters."

Clinical Strategies in the Final Stage

Within the final stage, strategies that are concentrated on are focused when a group member has completed a six month mark or more. The findings that will be discussed are: coping skills and common clinical techniques during group. The most common coping technique that group members are educated on are "relaxation techniques". Deep breathing is a common relaxation technique that is practiced to reduce anxiety. These

findings are not consistent with the recent study of how offenders use coping strategies (2007). This study's findings suggest that a "good lives approach" is a more common and effective approach. It bases its approach on learning how to develop a healthy, satisfying lifestyle that would assist in an offender free lifestyle (Seran, Moulden, Firestone, Marshall, 2007).

One of the most common clinical technique used during group is confrontation. Confrontation is used to challenge the clients to accept their crime and also accept their behavior. These findings are consistent with the study of group sessions with incest offenders (1987), that use confrontation to promote the offender taking responsibilities of his offense (Frey,1987). This study also shows how they use confrontation to address certain words in offender's responses, such as "I only fondled her". They use confrontation to show how words within their responses can minimize their actions.

Limitations of Study

There were various limitations to this study, in which the researcher learned after the completion of the study. The first limitation was the minimal number of

participants. Given the current economic problems resources are being terminated and the site of study was the only agency that the researcher found that worked with this population. A larger sample would allow the researcher to obtain more interviews from individuals who held groups with this population. It would also give the researcher more insight on the therapeutic treatment of group therapy. Three out of the seven participants, were student interns in which some of the questions were difficult for them to answer because of their minimal experience with this population.

In addition, the researcher also learned that the groups that are held for IFCSAO's are lumped together with other individuals who have committed different kinds of sexual offenses. This is due to the recent budget cuts. Many programs have been terminated and therefore the various sexual offenses do not have their own curriculum.

Implications of Findings for Micro and Macro Practice

From a micro social work perspective, the findings of this research may benefit the direct practice of group facilitators of Intrafamilial child sexual abuse

offenders. This research has provided insight to direct service within a group setting for sexual offenders. It has highlighted the most common and successful clinical skills from the initial stages to the final stages of group. It also touched on successful strategies to engage new clients into group. The importance in identifying the items listed above is to provide potential clinicians with ideas in learning how to provide these clients with strong therapeutic based environments that offers the competence for rehabilitation. After reviewing the responses from experienced sex offender group facilitators, it is important to understand that successful treatment does not focus on the crime that was committed, but does focus on the triggers that contribute to the behavior. It is imperative to understand that by assisting the group members identify the situations that trigger their sexual criminal behavior, can prevent the event from occurring again. This is where the topic of recidivism becomes an important political issue in our communities.

From a macro perspective, the treatment of sexual offenses is a publicly involved crime. All individuals who have committed some type of sexual crime are

obligated to register within Megan's law, allowing the public to be aware of their residences. In some respect, this may ease the anxiety of communities, however on the other hand it prevents these individuals from being able to transition back into society. Though there is no justification for the crime that they committed, part of the recovery for these individuals is being able to participate in a therapeutic environment that provides them with the tools to prevent the action from reoccurring and transitioning back into society. However, much attention and resources has been put into tracking their whereabouts instead of providing them with therapeutic resources. Programs have been terminated and the restrictions that are implemented within their parole terms and conditions prevent them from obtaining the most appropriate treatment to reduce recidivism.

Summary

This chapter covered the data analysis that provided direct quotes from the participant's actual interviews. It then interpreted the data, by analyzing the responses and recognizing common themes. Conclusively, it connected

the research finding with how it relates to Micro and
Macro social work practice.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

This chapter covered the approach that the researcher communicated the findings to the study site and study participants. It described how the researcher completed the process of termination of the study from a post positivist perspective. It also clarified the process of any ongoing relationship with the study participants.

Communicating Findings to Study Site and Study Participants

As mentioned earlier, this study was conducted from a post positivist perspective. An important termination step in this perspective is to disengage with the study site and the participants in an informal manner. Although, prior to termination this perspective requires that the research findings are reported to colleagues and research site. This researcher presented major findings based on the information that was conceptualized and presented this information through a poster board display. The poster clearly identified the information

that was gathered and interpreted. The poster was presented at California State University, San Bernardino during "poster day." The study participants and site director were invited to attend this event.

The study findings were also typed into an official typed document. Upon approval the study will be located in the John M. Pfau library at Cal State San Bernardino.

Termination of Study

Termination of this study involved reporting findings to the colleagues in the MSW program and to the research site. To terminate the relationship with the research site, the researcher invited the site director and participants to attend poster day. The researcher informally thanked the research director for his permission in conducting the study at the research site and for having a significant influence on the participation of the study participants. The researcher's gratitude towards the participants will be communicated to them by the researcher site director.

Ongoing Relationship with Study Participants

At this time the researcher has no plans to have an ongoing relationship with the study participants. The

researcher does plan on reading more literature on the particular population to become more familiar with the policy behind this topic and to learn more valuable clinical techniques within this population.

Summary

This chapter covered how the research data was communicated to the research site and participants. It then covered how the researcher terminated the final results to the appropriate parties. As a final point, the chapter reviewed the researcher's plan on having an ongoing relationship with the study participants.

APPENDIX A
INTERVIEW INSTRUMENT

Interview Instrument

1. What was your age on your last birthday?
2. Ethnicity?
3. How many years have you worked as a clinical therapist? And how many years have you be working with Intra-familial child sexual offenders in group therapy?
4. How do you engage new participants in group? What are some common traits that you see for new comers? (Eg., Being quiet, bad attitude, reluctant to talk.)
5. At what stage in your program, do you see success in the clients?
6. What are some obstacles that tend to arise often in group?
7. What kind of clinical skills should a clinician that works with intra-familial child sexual offenders have? And why?
8. What kind of coping skills does the group therapy give to the clients? And how do you cope after helping a client process his feelings of committing or being involved in sexual abuse.
9. What are some of the clinical techniques that you use during group? Ex. Re-framing, mapping
10. How do you determine success in an client who has participated in several group sessions? How many are usually needed to determine if there is any success?

APPENDIX B
INFORMED CONSENT

Informed Consent

The study in which you are being asked to participate is a study to determine the effectiveness of intra-familial child sexual abuse offender therapy through the perspectives of the facilitators. This study is being conducted by Elena Inzunza under the supervision of Dr. Janet Chang, of the College of Social and Behavioral Sciences/Department of Social Work. This study has been approved by the Department of Social Work sub-Committee of the Institutional Review Board, California State University, San Bernardino.

In this study you will be asked through an interview to respond in your own words to several questions pertaining to your own experience with Intra-familial child sexual abuse group therapy. You are free not to answer any of the questions. The interview should take anywhere from 30-60 minutes to complete. Your name will not be reported with your responses. You may withdraw from participation in this study at any time. If you would like to review the results from this study after completion they will be available at California State University, San Bernardino, Pfau library after September 2009.

It is expected that the benefits of this study will afford both the agency and the subject a greater understanding and practical information on sexual abuse treatment with intra-familial offenders. In so far as the nature of the qualitative interviews allows, the risk for discomfort or anxiety to the subject are expected to be minimal and the subject should in no way feel that his or her interview responses will affect their employment with Riverside County Department of Mental Health. If you have any questions or concerns, about this study Please feel free to contact Dr. Janet Chang at 909-537-5561.

By placing a check mark below, I acknowledge that I have been informed of and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am 18 years of age.

Place a check Mark Here _____
Today's date _____

APPENDIX C
DEBRIEFING STATEMENT

Debriefing Statement

The study that you have participated in was a study to determine the effectiveness of sexual abuse treatment for intra-familial child sexual offenders from a clinician's perspective. In this interview each participant was interviewed to develop each person's individual perspective. We are particularly interested in the effectiveness of sexual abuse treatment.

Thank you for participating. If you have any questions about the study, please feel free to contact Dr. Janet Chang at 909-537-5561. If you would like to obtain a copy of the research, please contact the CSUSB Pfau library after September 2009.

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